

# H E A R T

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## INTRODUCTION TO HEART

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It is the intent of the Hardeman County Board of Education to ensure that:

1. all students are provided an opportunity to succeed in the regular education program; and,
2. all students receive a free and appropriate public education.

In compliance with No Child Left Behind and the Federal Government, each teacher in the regular education program will do all that is within his or her professional capability to ensure that all students can learn and are successful in the regular education program.

Each teacher, as a part of his or her professional responsibility, will provide a variety of researched based strategic instructional variations within the classroom in order to differentiate instruction to the learning needs of students. The content and the instructional strategies are the vehicle by which the teacher meets the needs of all the students. Based on the knowledge that not all students are alike, teachers will apply an approach to teaching and learning so that students have multiple options for acquiring information.

If, and/or when, the teacher's attempts to improve the academic success of the students are not producing desired results and this is documented through researched-based instruction and evidence of non-mastery through benchmark assessments and/or universal screening, the students in question will receive small group direct instruction intervention that is research-based and is administered with fidelity.

If, after no less than 8 weeks of small group direct instruction, students are not responding, the parent and /or teacher and/or HEARTeam may request that the principal convene a meeting with the school's HEARTeam to discuss the impact and effect of the regular education intervention program.

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## OVERVIEW OF ADMINISTRATIVE PROCEDURES

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The School Board of the Hardeman County School District adheres to a policy of non-discrimination in educational programs and activities and strives affirmatively to provide equal educational opportunity for all students as required by Section 504 of the Rehabilitation Act of 1973 which prohibit discrimination based on disability.

It is the policy of the School Board of the Hardeman County School District that the referral of a student to the IEP TEAM to begin the State of Tennessee's process for determining eligibility of a student for special services under the provisions of the Individuals with Disabilities Education Act should only be considered:

1. after appropriate instructional interventions and strategies have been implemented in the regular educational setting and the student continues to be at risk; or,
2. if the student displays obvious characteristics of a child with a disability.

Administrative procedures have been developed to establish Hardeman Empowering Achievement Response Teams in each school in the district. The primary purpose of the HEARTeam is to ensure that students are provided the maximum opportunity to be successful in the regular education program. The members of the HEARTeam will provide instructional support to classroom teachers in order to assist them in their efforts to effectively improve the achievement of students who are less successful in learning.

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## DESCRIPTION OF THE HARDEMAN EMPOWERING ACHIEVEMENT RESPONSE TEAM

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### Definition:

The Hardeman Empowering Achievement Response Team (HEART) is a function of the regular education program of Hardeman County Schools.

The primary purpose of the HEARTeam is to ensure that students are provided the maximum opportunity to be successful in the regular education program. The HEARTeam provides instructional support to the classroom teachers in order to assist them in their efforts to effectively improve the achievement of students who are experiencing insufficient success in learning. The HEARTeam will review progress monitoring and benchmarks of “at risk” students. Each school’s HEARTeam is a vehicle through which assistance can be requested for any student who is experiencing insufficient success in the regular education program. The HEARTeam monitors direct instruction interventions to ensure instructional fidelity.

The HEARTeam process requires a broad range of competencies and shared responsibilities for educational planning so that all persons who have an interest in the student’s success (teacher, administrator, parent, family, guardian) can cooperate and coordinate their efforts.

The HEARTeam process increases the clarity of teacher, staff, and home communication. In addition, the HEARTeam process supports the efforts of teachers to improve the scope and effectiveness of instructional interventions and strategies which can benefit all of the students in their classrooms.

Each school will submit to the district as directed, a form indicating membership of the school’s HEARTeam. The purpose and function of the HEARTeam should be thoroughly explained to staff and parents at the beginning of each school year.

The HEARTeam process should be utilized throughout the year to resolve issues, problems, or concerns related to the achievement of students identified by formative assessments, teachers, parents, guardians, and/or administrators.

The HEARTeam is led by a chairperson who outlines the team's agenda, supervises the keeping of records and oversees the follow-up process.

At the school level, the principal, instructional leader, or designated person will act as chairman of the team. The team will consist of at least 3 more permanent members. The regular education teacher of the student being reviewed by the HEARTeam will join the team as long as his/her student is being reviewed. The school's psychologist may also be an active member of the HEARTeam.

The primary role of all participants in a HEARTeam meeting is to:

1. review the student's universal screening results
2. review progress monitoring results and/or benchmarks
3. review the student's current performance
4. determine the student's learning needs
5. design appropriate instructional interventions
6. assign responsibilities for implementation
7. develop a follow-up plan

The HEARTeam chairperson will keep records of team meetings and follow-up activities using the appropriate forms.

The HEARTeam chairperson is responsible for monitoring the implementation of the small group direct instruction interventions and follow-up procedures. The HEARTeam will review student records. The HEARTeam process is to continue until it is either no longer needed by the student or until the student has been referred to the **District – HEARTeam** for review to determine referral to IDEA.

If the **District-HEARTeam** feels that the intervention(s) are not adequate or appropriate and have not been implemented with fidelity, the district will ask that the school add additional information and intervention for the student.

# HEART PROCEDURE

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## UNIVERSAL SCREENING

All students are given a screening measure. Students at risk for academic failure are identified through screening data. Students scoring 10% or below will be considered at risk and move directly into Tier 2 as well as receive Tier 1 instruction.

## TIER 1

Students receive effective instruction in the general education setting using validated practices. Student progress is monitored and tested for mastery every five weeks (according to the pacing guide from the core reading program). This tier includes ALL students. Tier 1 is the core, research-based, reading program implemented in an uninterrupted, 90 minute reading block. Teacher uses research-based strategies, implementing multi-tiered (differentiated) instruction and intervention.

## TIER 2

Students scoring 10% or below on the universal screening will receive small group direct instruction for at least 30 minutes per day (in addition to their core reading program (Tier1)). A targeted research-based intervention will be implemented by trained staff and monitored for fidelity by the HEARTeam, District HEARTeam, and Principal.

*If, after no less than 8 weeks of Tier 2 intervention, the student makes no progress according to benchmark test and mastery test, the HEARTeam and parent will consider:*

- 1. Continue with Tier 2 for another 8 weeks; or*
- 2. Move into Tier 3 with 60 minutes of intensive instruction in a small group setting for no less than 6 weeks; or*
- 3. Refer to District-HEARTeam for request for assistance.(suspect other disability other than Learning Disabled)*

### TIER 3

Students who have NOT made adequate progress in Tier 2 during 8 weeks of instruction will move to Tier 3 for 60 minutes of small group, intensive instruction for no less than 6 weeks. Tier 3 is in conjunction with Tier 1. A targeted research-based intervention will be implemented by trained staff and monitored for fidelity by the HEARTeam, District HEARTeam and principal.

*If, after no less than 6 weeks, the student does not make adequate progress according to benchmark and mastery tests, the HEARTeam will meet with parent to recommend referral to the District HEARteam for request for assistance through IDEA.*

Should the HEARTeam and parent determine the student would benefit from assistance through IDEA, the team will follow the appropriate guidelines for requesting assistance through IDEA. The District team will review the data collected by the HEARTeam and determine if data is adequate and appropriate for IDEA referral.

### TIER 4

#### Special Education intervention

Mastery in Tier 4 is relative to the student's functioning level and determined by IEP goal setting and through results of comprehensive evaluations.

#### NOTE:

The HEARTeam request for assistance procedure is for **initial referrals only**. Students who have a current eligibility will go through the special education teacher for additional testing.

Students with obvious disabilities (other than Learning Disabled) will immediately go to the HEARTeam for request for assistance (with the appropriate paperwork completed).



## FEDERAL MANDATE

2006 IDEA regulations state:

To ensure that underachievement in a child suspected of having a specific learning disability is not due to a lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in 300.304 through 300.306:

- a. Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
- b. Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during the instruction, which was provided to the child's parents; and
- c. At least one data point per week in each area of academic concern. Parent communication to be provided every three to four weeks. Evidence of communication must be provided.

Before a student is approved for IDEA testing, the student **MUST** have had small group direct instruction intervention with documentation of assessments indicating student progress and documentation of parent communication along with the appropriate paperwork. (See Timeline Documentation)

## **STEPS TO RESPONSIVENESS TO INTERVENTION and REQUEST FOR ASSISTANCE**

1. \_\_\_\_\_ Student has been assessed with a universal screening tool.
2. \_\_\_\_\_ Student has been determined “at risk” and supported through Tier 1.
3. \_\_\_\_\_ Tier 1 student receives intervention through primary reading program (small group instruction, differentiated centers). Student is assessed through unit mastery tests (from core reading program) and data is recorded. Program is implemented by classroom teacher.
4. \_\_\_\_\_ ”At risk” (Tier 2) student receives intervention through small group direct instruction implemented by trained staff. Data is collected and documented. Intervention is a sequential program with weekly progress monitoring and implemented outside the 90 minute reading block.
5. \_\_\_\_\_ Tier 2 student receives no less than 8 weeks of small group intervention before determining responsiveness to intervention.
6. \_\_\_\_\_ HEARTeam monitors Tier 2 student and communicates with parent.
7. \_\_\_\_\_ HEARTeam determines through valid data, responsiveness to intervention.
8. \_\_\_\_\_ Lack of response documented through valid data indicates a need for Tier 3. After no less than 6 weeks, HEARTeam determines, through valid data, responsiveness to intervention. If student is making adequate progress, student continues with intervention until HEARTeam determines student intervention can be discontinued. If student progress is not adequate, continue to number 9.
9. \_\_\_\_\_ HEARTeam begins process for request for assistance by completing the following forms:
  - Request for Assistance documentation page
  - FORM A
  - FORM B

10.\_\_\_\_HEARTeam will compile the following information into one HEART folder:

Form A

Form B

Vision/Hearing Screening information

T-CAP information

Universal Screening information

Current grades and progress in Tier 1, Tier 2 and Tier 3.

Unit Mastery tests from Tier 1

Medical information (if applicable)

Intervention documentation from small group intervention(s)

Copy of cumulative record

Timeline documentation sheet

Documentation of parent involvement

Documentation of HEART meetings on student

Documentation of fidelity and effectiveness of instruction

11.\_\_\_\_HEARTeam will check the student folder for accurate and complete documentation.

12.\_\_\_\_HEARTeam will deliver the student folder to the District office for review by the district team. (Attention: Debbie Williams)

13.\_\_\_\_The District team will review the folder and determine if IDEA testing is appropriate.

14.\_\_\_\_The District Team will return the folder to the school indicating the need to proceed with IDEA testing (proceed to number 15) OR the need for further information (proceed to number 16).

15.\_\_\_\_Folder is referred to proceed with IDEA testing. The folder now becomes a part of the Special Education referral process. The HEARTeam continues referral process by completing all the appropriate special education referral forms and returns the entire folder to the District Office for testing. (Attention: Debbie DeBerry, county; Candyace Boyle, city)  
Please return folder to Central Office no more than 1 week after signature of consent.

16.\_\_\_\_Folder is in need of further information. The HEARTeam will compile the information that is missing from the folder and return to the District team as soon as possible for further review.

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## DEFINITIONS

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**Universal Screening:** In general, screening assessments occur at least three times per year, are school wide, use a broad index, and are used to identify students who are at risk and to inform school or class-wide instruction and curriculum decisions.

**Responsiveness to Intervention (RTI):** A multi-tiered service-delivery model using scientifically, research-based intervention. RTI is mostly viewed as a three-tiered model, similar to those used for service-delivery practices such as positive behavioral support. HEART is a product of RTI.

**Tier 1:** Refers to primary supports for students in the general education classroom.

**Tier 2:** Refers to secondary level interventions in specialized groups for at-risk students.

**Tier 3:** Additional interventions (with more time) in specialized groups for at-risk students.

**Tier 4/ Special Education:** Individualized interventions for students with intense disabilities.

**Progress Monitoring:** A set of assessment procedures for determining the extent to which students are benefiting from classroom instruction and for monitoring effectiveness of curriculum. Progress monitoring occurs at least once every three to nine weeks, often as frequently as weekly, twice weekly, or even daily. Results of progress monitoring provide data that can be used to make decisions about regrouping students or about continuing, revising, or changing an intervention.

**Progress Monitoring in Tier 1:**

Progress Monitoring displays individual student growth over time, to determine whether the student is progressing as expected in the general curriculum.

**Progress Monitoring in Tier 2 and in Tier 3:**

Progress monitoring is to determine whether the SBR intervention is successful in helping the student learn at an appropriate rate.

The following research-based recommendations are made to aid in timely decision making (best practice):

1. Assess student progress using CBM (curriculum Based measurement) once per week.
2. Chart results and analyze student progress regularly
3. Use preset rules to determine when a student is not adequately responding to an intervention.

**Progress Monitoring in Tier 4/ Special Education:**

Progress monitoring provides systematic, reliable, and multiple data points that can inform eligibility determination decisions and subsequent development of specially designed instruction. As a part of an IEP, progress monitoring also provides information about student progress toward short-term objectives and annual goals. Mastery is relative to the student's functioning level and determined by IEP goal setting and through results of a comprehensive evaluation.

**Fidelity:** Fidelity of implementation is the delivery of SBR instruction in the way in which it was designed to be delivered. Fidelity must also address the integrity with which screening and progress-monitoring procedures are completed and an explicit decision-making model is followed. Direct and frequent assessment of an intervention for fidelity is considered to be best practice.

Specific proactive practices that help to ensure fidelity of implementation include the following:

1. Link interventions to improved outcomes (credibility)
2. Definitively describe operations, techniques, and components
3. Clearly define responsibilities for specific persons
4. Create a data system for measuring operations, techniques, and components
5. Create a system for feedback and decision making
6. Create accountability measures for non-compliance

**Scientific, research-based intervention:** Research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs, and includes research that:

1. Employs systematic, empirical methods that draw on observation or experiment,
2. Involves rigorous data analyses that are adequate to test the stated hypotheses and justify the general conclusions drawn,
3. Relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators,
4. Is evaluated using experimental or quasi-experimental designs,
5. Ensures that experimental studies are presented in sufficient detail and clarity to allow for replication, and
6. Has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review. (NCLB, 20 USC 7707(b)(37))

**Obvious Disabilities:**

Mental Retardation  
 Other Health Impaired  
 Orthopedic Impaired  
 Autism  
 Developmentally Delayed  
 Traumatic Brain Injury  
 Deaf  
 Blind

## TIER 1 GUIDELINES

### Kindergarten – Fifth Grades

It is the intent of the Hardeman County Board of Education to ensure that:

1. all students are provided an opportunity to succeed in the regular education program; and,
2. all students receive a free and appropriate public education.

To ensure “best practice” strategies, the following guidelines will be implemented in the Hardeman County Schools:

Each Kindergarten through fifth grade reading class teacher will:

- implement a 90-minute, **uninterrupted** reading block,
- provide whole group instruction, small group instruction and literacy centers grounded in the five elements of reading,
- maintain good classroom management,
- use a research-based core reading program,
- follow the research-based core reading pacing guide,
- use research-based instructional strategies
- differentiate instruction according to student needs,
- drive instruction based on researched data
- progress monitor student growth
- have high expectations that their students will achieve
- instruct with fidelity, integrity and effectiveness
- document benchmark/mastery/progress monitoring on timeline form
- encourage parent involvement

Purpose of Whole Group Instruction:

Introduce new concepts by following the program pacing guide which is a sequential, spiraling research- based program. Teachers will follow the pacing guide (for reading) and administer mastery benchmark test for the reading program as prescribed. Time spent in whole group instruction is based on the lesson for the day.

Purpose of Small Group Instruction:

Small group direct instruction will be the most critical time during the 90-minute reading block. Students will be grouped according to research-based data. Small groups of students will meet with the

teacher for direct explicit instruction. Teacher will reinforce, re-teach, provide intervention to close achievement gaps and/or provide academic enhancement. Time spent in small group is based on student needs and performance.

**Purpose of Centers:**

Literacy Centers give teachers the opportunity to meet with students in small groups. Students not meeting in small group will participate in literacy centers that are grounded in one or more of the reading components. Students are placed in centers heterogeneously.

Centers must be purposeful and pre-taught to the students. Centers reinforce previous learning by adding additional practice. Centers teach students decision making skills and help in developing oral language through interaction with other students. It is recommended to have no more than 3 centers during the reading block rotation. Teachers will be accountable for the effectiveness of the centers. Students will be accountable for completing and mastering the center activities. Centers will provide differentiated instruction according to student needs.

The following pages will give examples on how to build the 90 minute block with small group instruction. Following these pages are the “Time Line” documentation forms for Tier 1, 2, and 3 for which teachers must be accountable.



## BUILDING SMALL GROUPS FOR INSTRUCTION

The number of times a teacher is able to see students in small group are dependent on the number of groups the teacher has. Small groups are based on data obtained from the universal screening (AIMS). Small groups will obviously change constantly because student's level of performance is constantly changing. (This will be documented through progress monitoring). Obviously, seeing all students each day in small group is best and recommended. By following this practice, the teacher is able to “firm-up” and challenge the benchmark students and re-teach and provide intervention to the other students. FOR EXAMPLE:

Instruction	Range of Time	Class Configuration	Ex. Of instruction
INITIAL 90 MINUTE DAILY	25 – 60 MINUTES Based on instruction for the day	WHOLE GROUP	Core Reading Program <b>Phonemic Awareness:</b> Manipulating sounds Segmenting sounds Blending sounds <b>Phonics &amp; Fluency</b> Sound-letter relationships Blending & decoding Dictation <b>Vocabulary &amp; Comprehension</b> Pre-reading strategies Reading Post reading
SMALL GROUP INSTRUCTION	45 – 60 MINUTES	SMALL GROUP 15 – 20 minutes per group: M-F  Session 1: intensive Session 2: intensive/strategic Session 3: benchmarked  (Teacher pull students from centers to make small groups for instruction)	<b>Group 1 Center:</b> segment sounds with Elkonin Boxes <b>Group 2 center:</b> word building with letters and pockets <b>Group 3:</b> re-read the decodable book  (Students are mixed together from high to low performing)

According to data, a teacher may be unable to have just three groups for small group instruction. Based on data, the teacher may need to implement five groups. (Research indicates that intensive students need to be in groups of no more than 3-5 students.) In this case, the following is an example of how a teacher may implement 5 small group sessions.

Instruction	Range of Time	Class Configuration	Ex. Of instruction
INITIAL 90 MINUTE DAILY	25 – 60 MINUTES Based on instruction for the day	WHOLE GROUP	Core Reading Program <b>Phonemic Awareness:</b> Manipulating sounds Segmenting sounds Blending sounds <b>Phonics &amp; Fluency</b> Sound-letter relationships Blending & decoding Dictation <b>Vocabulary &amp; Comprehension</b> Pre-reading strategies Reading Post reading
SMALL GROUP INSTRUCTION	45 – 60 MINUTES	SMALL GROUP 15 – 20 minutes per group: Small group size can vary. Intensive students should be in groups no larger than 3-5 students. Session M T W TH F 1 1 4 2 5 3 2 2 5 3 1 4 3 3 1 4 2 5	<b>Group 1 Center:</b> segment sounds with Elkonin Boxes <b>Group 2 center:</b> word building with letters and pockets <b>Group 3:</b> re-read the decodable book

Students are receiving small group instruction 3 times per week because the data dictates that the teacher have five different small groups in order to meet the student's needs. The key is consistency and that everyone receives small group instruction, which may not happen daily because of what data dictates. Instruction MUST be driven by DATA.

## STUDENT

SCHOOL YEAR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

UNIVERSAL SCREENING DATE (Fall) \_\_\_\_\_ % **LNF** \_\_\_\_\_ / \_\_\_\_\_  
corrects errors

UNIVERSAL SCREENING DATE (Winter)\_\_\_\_\_ % LNF \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ corrects \_\_\_\_\_ errors

\_\_\_\_% LSF \_\_\_\_\_ / \_\_\_\_\_  
                                corrects       errors

\_\_\_\_% PSF \_\_\_\_/\_\_\_\_  
Correcs errors

UNIVERSAL SCREENING DATE (Spring)\_\_\_\_\_ % LNF \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ corrects \_\_\_\_\_ errors

\_\_\_\_% LSF \_\_\_\_\_ / \_\_\_\_\_  
                                corrects       errors

\_\_\_\_ % PSF \_\_\_\_\_ / \_\_\_\_\_  
                                corrects       errors

TIER 1 INSTRUCTOR \_\_\_\_\_

CORE READING PROGRAM: Harcourt Trophies

INTERVENTIONS: \_\_\_\_\_

### UNIT MASTERY TESTS: (From core reading program)

Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_

TIER 2 and/or TIER 3 Information on back if student qualifies.

TIER 2 INSTRUCTOR \_\_\_\_\_

INTERVENTION PROGRAM: \_\_\_\_\_

GROUP SIZE \_\_\_\_\_

PRE-TEST: Date \_\_\_\_\_ Score \_\_\_\_\_ Parent Advised \_\_\_\_\_

Pre-Test source \_\_\_\_\_

**PROGRESS MONITORING:**

Scores can be found on the Progress Monitoring Data sheet in students file.

Dates progress monitoring information was sent to parents.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* Attach documentation of progress monitoring tests, pre-test, mastery test, and work samples.

TIER 3 INSTRUCTOR \_\_\_\_\_

INTERVENTION PROGRAM: \_\_\_\_\_

GROUP SIZE \_\_\_\_\_

PRE-TEST: Date \_\_\_\_\_ Score \_\_\_\_\_ Parent Advised \_\_\_\_\_

Pre-Test source \_\_\_\_\_

**PROGRESS MONITORING:**

Scores can be found on the Progress Monitoring Data sheet in students file.

Dates progress monitoring information was sent to parents.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* Attach documentation of progress monitoring tests, pre-test, mastery test, and work samples.

Hardeman County School System  
HEART Process  
Time Line Documentation

**FIRST GRADE**

STUDENT

NAME: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

UNIVERSAL SCREENING DATE (Fall) \_\_\_\_\_ %

LNF	_____ / _____
corrects	errors

\_\_\_\_\_ %

LSF	_____ / _____
corrects	errors

\_\_\_\_\_ %

PSF	_____ / _____
corrects	errors

\_\_\_\_\_ %

NSW	_____ / _____
corrects	errors

UNIVERSAL SCREENING DATE (Winter) \_\_\_\_\_ %

PSG	_____ / _____
corrects	errors

\_\_\_\_\_ %

NSW	_____ / _____
Corrects	errors

UNIVERSAL SCREENING DATE (Spring) \_\_\_\_\_ %

NSW	_____ / _____
corrects	errors

\_\_\_\_\_ %

R-CBM	_____ / _____
corrects	errors

TIER 1 INSTRUCTOR \_\_\_\_\_

CORE READING PROGRAM: Harcourt Trophies

INTERVENTIONS: \_\_\_\_\_

UNIT MASTERY TESTS: (From core reading program)

Date _____	Score _____	Date _____	Score _____
Date _____	Score _____	Date _____	Score _____
Date _____	Score _____	Date _____	Score _____
Date _____	Score _____	Date _____	Score _____

TIER 2 and/or TIER 3 Information on back if student qualifies.

COMMENTS:

TIER 2 INSTRUCTOR \_\_\_\_\_

INTERVENTION PROGRAM: \_\_\_\_\_

GROUP SIZE \_\_\_\_\_

PRE-TEST: Date \_\_\_\_\_ Score \_\_\_\_\_ Parent Advised \_\_\_\_\_  
Pre-Test source \_\_\_\_\_

**PROGRESS MONITORING:**

Scores can be found on the Progress Monitoring Data sheet in students file.

Dates progress monitoring information was sent to parents.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* Attach documentation of progress monitoring tests, pre-test, mastery test, and work samples.

---

TIER 3 INSTRUCTOR \_\_\_\_\_

INTERVENTION PROGRAM: \_\_\_\_\_

GROUP SIZE \_\_\_\_\_

PRE-TEST: Date \_\_\_\_\_ Score \_\_\_\_\_ Parent Advised \_\_\_\_\_  
Pre-Test source \_\_\_\_\_

**PROGRESS MONITORING:**

Scores can be found on the Progress Monitoring Data sheet in students file.

Dates progress monitoring information was sent to parents.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attach documentation of progress monitoring tests, pre-test, mastery test, and work samples.

# Hardeman County School System

## HEART Process

## SECOND GRADE

# Time Line Documentation

STUDENT

NAME: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

UNIVERSAL SCREENING DATE (Fall) \_\_\_\_\_ % **R-CBM** \_\_\_\_\_ / \_\_\_\_\_  
corrects errors

\_\_\_\_\_ % **MAZE** \_\_\_\_\_ / \_\_\_\_\_  
corrects errors

UNIVERSAL SCREENING DATE (Winter)\_\_\_\_\_ % **R-CBM** \_\_\_\_\_ / \_\_\_\_\_  
correctserrors

\_\_\_\_\_ % **MAZE** \_\_\_\_\_ / \_\_\_\_\_  
correctserrors

UNIVERSAL SCREENING DATE (Spring) \_\_\_\_\_ % **R-CBM** \_\_\_\_\_ / \_\_\_\_\_  
corrects errors

\_\_\_\_\_ % **MAZE** \_\_\_\_\_ / \_\_\_\_\_  
corrects errors

TIER 1 INSTRUCTOR \_\_\_\_\_

CORE READING PROGRAM: Harcourt Trophies

INTERVENTIONS: \_\_\_\_\_

**UNIT MASTERY TESTS:** (From core reading program)

Date\_\_\_\_\_ Score\_\_\_\_\_ Date\_\_\_\_\_ Score\_\_\_\_\_

Date \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_ Date\_\_\_\_\_ Score\_\_\_\_\_

Date\_\_\_\_\_ Score\_\_\_\_\_ Date\_\_\_\_\_ Score\_\_\_\_\_

TIER 2 and/or TIER 3 Information on back if student qualifies.

COMMENTS:

TIER 2 INSTRUCTOR \_\_\_\_\_

INTERVENTION PROGRAM: \_\_\_\_\_

GROUP SIZE \_\_\_\_\_

PRE-TEST: Date \_\_\_\_\_ Score \_\_\_\_\_ Parent Advised \_\_\_\_\_  
Pre-Test source \_\_\_\_\_

#### PROGRESS MONITORING:

Scores can be found on the Progress Monitoring Data sheet in students file.

Dates progress monitoring information was sent to parents.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* Attach documentation of progress monitoring tests, pre-test, mastery test, and work samples.

TIER 3 INSTRUCTOR \_\_\_\_\_

INTERVENTION PROGRAM: \_\_\_\_\_

GROUP SIZE \_\_\_\_\_

PRE-TEST: Date \_\_\_\_\_ Score \_\_\_\_\_ Parent Advised \_\_\_\_\_  
Pre-Test source \_\_\_\_\_

#### PROGRESS MONITORING:

Scores can be found on the Progress Monitoring Data sheet in students file.

Dates progress monitoring information was sent to parents.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* Attach documentation of progress monitoring tests, pre-test, mastery test, and work sa



NAME: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

UNIVERSAL SCREENING DATE (Fall) \_\_\_\_\_ % **R-CBM** \_\_\_\_\_ / \_\_\_\_\_  
corrects errors

\_\_\_\_\_ % **MAZE** \_\_\_\_\_ / \_\_\_\_\_  
corrects errors

UNIVERSAL SCREENING DATE (Winter)\_\_\_\_\_ % **R-CBM** \_\_\_\_\_ / \_\_\_\_\_  
corrects errors

\_\_\_\_\_ % **MAZE** \_\_\_\_\_ / \_\_\_\_\_  
corrects errors

UNIVERSAL SCREENING DATE (Spring) \_\_\_\_\_ % **R-CBM** \_\_\_\_\_ / \_\_\_\_\_  
corrects errors

\_\_\_\_\_ % **MAZE** \_\_\_\_\_ / \_\_\_\_\_  
corrects errors

INTERVENTIONS: \_\_\_\_\_

Date \_\_\_\_\_ Score \_\_\_\_\_      Date \_\_\_\_\_ Score \_\_\_\_\_  
 Date \_\_\_\_\_ Score \_\_\_\_\_      Date \_\_\_\_\_ Score \_\_\_\_\_  
 Date \_\_\_\_\_ Score \_\_\_\_\_      Date \_\_\_\_\_ Score \_\_\_\_\_  
 Date \_\_\_\_\_ Score \_\_\_\_\_      Date \_\_\_\_\_ Score \_\_\_\_\_

COMMENTS:

TIER 2 INSTRUCTOR \_\_\_\_\_

INTERVENTION PROGRAM: \_\_\_\_\_

GROUP SIZE \_\_\_\_\_

PRE-TEST: Date \_\_\_\_\_ Score \_\_\_\_\_ Parent Advised \_\_\_\_\_  
 Pre-Test source \_\_\_\_\_

**PROGRESS MONITORING:**

Scores can be found on the Progress Monitoring Data sheet in students file.

Dates progress monitoring information was sent to parents.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* Attach documentation of progress monitoring tests, pre-test, mastery test, and work samples.

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TIER 3 INSTRUCTOR \_\_\_\_\_

INTERVENTION PROGRAM: \_\_\_\_\_

GROUP SIZE \_\_\_\_\_

PRE-TEST: Date \_\_\_\_\_ Score \_\_\_\_\_ Parent Advised \_\_\_\_\_  
 Pre-Test source \_\_\_\_\_

**PROGRESS MONITORING:**

Scores can be found on the Progress Monitoring Data sheet in students file.

Dates progress monitoring information was sent to parents.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\* Attach documentation of progress monitoring tests, pre-test, mastery test, and work samples.

## REGARDING TIME LINE DOCUMENTATION:

Each teacher will complete a time line documentation form on each student in the teacher's classroom.

Universal Screening information will be updated after each benchmark assessment.

Mastery of core reading assessments will be given according to the reading pacing guide and documented on this form.

Tier 2 and 3 will be documented on this form along with documentation of parent involvement and HEARTeam monitoring for fidelity.

Form will always be up-to-date with information in the event that parent, HEARTeam and/or administrator request to review student achievement.

## TIER 2 GUIDELINES

### Kindergarten – Fifth Grade

If the regular education teacher's attempts to improve the academic success of the students are not producing desired results and this is documented through research-based instruction and evidence of non-mastery through benchmark assessments, progress monitoring and universal screening, the students in question will receive small group direct instruction intervention outside the 90 minute reading block with a targeted intervention that is research-based and administered with fidelity.

To ensure “best practice strategies”, Hardeman County Schools will implement the following Tier 2 guidelines:

Students scoring in the 10th percentile or below on the universal screening tool (AIMS), will be considered “at risk” and receive an additional 30 minutes of small group instruction implemented by trained personnel.

The school HEARTeam may convene at any time and determine other students (scoring above the 10<sup>th</sup> percentile) that may benefit from Tier 2 instruction.

TIER 2 will:

- be implemented by trained personnel or a certified teacher,
- use a targeted research-based program,
- be driven by data (based on AIMS)
- be a continuum of Tier 1 instruction

TIER 2 Teacher will:

- progress monitor once every two weeks or once a week
- document student performance daily
- use explicit lesson plans
- meet with HEARTeam to discuss progress of student

The following pages are objectives for the 5 elements of reading for Kindergarten and First grade. Teachers may use these forms to document mastery or non-mastery of a skill. . (Forms from Florida Center for Reading Research)

## KINDERGARTEN

HEART:EMPOWERING STUDENTS TO ACHIEVE THROUGH INTERVENTION  
STUDENT PROGRESS RECORD FOR PHONEMIC AWARENESS

STUDENT NAME: \_\_\_\_\_

[illegible]

[illegible]

HEART: EMPOWERING STUDENTS TO ACHIEVE THROUGH INTERVENTION  
STUDENT PROGRESS RECORD FOR VOCABULARY

STUDENT NAME: \_\_\_\_\_

[illegible]





[illegible]





HEART: EMPOWERING STUDENTS TO ACHIEVE THROUGH INTERVENTION  
STUDENT PROGRESS RECORD FOR PHONEMIC AWARENESS

STUDENT NAME:

[illegible]

Teach, model, and provide opportunities for students to:

[illegible]



[illegible]

[illegible]







[illegible]

[illegible]





## DOCUMENTATION OF INTERVENTION SCHEDULE

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_  
 Intervention Program \_\_\_\_\_ TEACHER \_\_\_\_\_  
 Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

[illegible]

## **FIDELITY CHECK LOG**

**The Hardeman County Board of Education believes that in order for children to become successful readers, teachers must be effective instructors. The purpose of fidelity checks are to ensure that students are receiving the best education and to ensure that lack of instruction is not the cause of gaps in a student's learning. The HEARTeam Chairman in each school, along with principal and Board Administration will be responsible for checking teacher instruction for validity, fidelity and effectiveness. The procedure for checking validity, fidelity and effectiveness are as follows:**

**HEARTeam Chairman will maintain a fidelity check log on each teacher and:**

- 1. Chairman, principal and/or administrators will conduct walk-throughs on classrooms daily at the beginning of the school year to document proper routine, procedure, classroom management, student performance and effectiveness of instruction.**
- 2. Classrooms receiving excellent marks will not need to be checked as frequently after the beginning of the school year. Classrooms receiving less than excellent marks will continue to receive walk-throughs daily.**
- 3. Tier 1, Tier 2 and Tier 3 teachers will have walk-throughs conducted.**

### **PROCEDURE FOR LESS THAN EXCELLENT CLASSROOMS:**

- 1. Chairman and principal will conference with the teacher, documenting on the supplied form. This meeting will be relaxed and a time for the teacher to give his/her concerns. All parties will sit face to face with no desk in between. Teacher strengths will be pointed out at the beginning of the meeting. Teacher will be given time to voice concerns and any need for help. Using the log,**



Chairman or principal will point out concerns observed in the classroom. The group will collaborate on what action may be taken to improve the effectiveness of instruction in the classroom. Everyone will sign-off on the documentation form.

2. Fidelity checks will continue in the classroom daily. If, after several days, the teacher continues to have difficulty, set-up a second conference with the teacher. Always point out strengths of the teacher. Using the documentation form, provide time for the teacher to voice concerns. Explain to the teacher the areas of need that are observed. Set-up a time for the teacher to observe two excellent classrooms. The teacher will be asked to take notes on what she/he observes and write down techniques that will benefit his/her classroom instruction.
3. Meet with the teacher after observations have been completed. Discuss what the teacher has noted and how the teacher may use techniques in his/her classroom. Through collaboration, write an action plan for the teacher to follow. (Always document and sign-off on documentation form.)
4. Allow the teacher a few days to incorporate the action plan. After a few days, conduct walk-throughs daily.
5. Set-up conference with the teacher after several walk-throughs have been conducted. If there is marked improvement. Praise the teacher and continue to give her support. (Document) If there is no marked improvement, the teacher will be provided a coach to demonstrate and model in the classroom and to help the teacher. Explain to the teacher the coach's role. (Document and sign-off)
6. Walk-throughs will continue to be conducted and coaching will be provided as necessary.
7. Meet with the teacher often to provide support and encouragement.
8. Document every meeting and the action taken at the meeting.

**HEART Fidelity Check Log**  
(For Use with Tier 1, Tier 2 and Tier 3)

**Teacher/Interventionist:**\_\_\_\_\_

**Program/Intervention:**\_\_\_\_\_ **Tier:**\_\_\_\_\_

Date	Time Of Observ ation	Whole Or Small W /S	Academic Performance Of students + / -	Student Behaviors + / -	Effectiveness Of Instruction + / -	Effectiveness Of Centers + / -	Comments	Observer initials

# HARDEMAN EMPOWERING ACHIEVEMENT RESPONSE TEAM

## Teacher Fidelity Conference

### Meeting Documentation

TEACHER: \_\_\_\_\_ Date: \_\_\_\_\_ Gr. \_\_\_\_\_

### CONFERENCE NOTES:

#### Strengths:

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#### Areas in need:

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#### ACTION TAKEN:

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Principal \_\_\_\_\_ date \_\_\_\_\_

HEARTeam Chairperson \_\_\_\_\_ date \_\_\_\_\_

Teacher \_\_\_\_\_ date \_\_\_\_\_

Other Designee \_\_\_\_\_ date \_\_\_\_\_

Copy: Teacher  
Principal  
HEARTeam Chairperson

## PEER COACHING

**Coaching provides onsite support and guidance. Coaches work collaboratively with teachers to set professional goals for developing, extending, and improving effective research-based instructional skills, strategies, and practices.**

**Coaches are NOT evaluators. The coach will take an active role in helping the classroom teacher improve reading instruction and intervention. The coach will:**

- Share expertise through training and in-class support**
- Demonstrate lessons**
- Observe teacher's practices and provide feedback**
- Help teachers to use data to inform instruction**

**Teachers must see the coach as a valuable resource with a solid understanding of the reading program and of reading instruction using research-based strategies.**

**The following coaching guidelines will be implemented in the Hardeman County Schools:**

**Coaches will:**

**Create a positive climate and establish rapport with the teacher.**

**Never enter a classroom and begin coaching if the teacher is not informed of the coach's role.**

**Teach a demonstration lesson only if the lesson has been prepared and will provide a good model.**

## **Demonstrating Lessons:**

- 1. Before entering the classroom, obtain the lesson that will be modeled in order to be prepared to demonstrate if necessary.**
- 2. If coach is not prepared to teach the entire lesson, select parts of the lesson to demonstrate. Discuss with the teacher the tasks/formats you will demonstrate.**
- 3. As coach prepares to position her/himself in front of the students, advise the teacher where he or she should sit. Do not assume the teacher will just find a place. Be sure to have the teacher seated close enough to observe the students.**
- 4. If the teacher leaves the room during the lesson, stop teaching. Tell the teacher, “The students are waiting for you to come back and watch them.” If possible, the coach will praise the teacher and students for specific positive behaviors. For example:  
“Your teacher has arranged your chairs just right.” OR  
“Your teacher is very organized; all of your materials are ready.”**
- 5. End demonstrations with positive comments such as:  
“You are going to be super learners.”**
- 6. After the class, give the teacher feedback.**

### **DURING A DEMONSTRATION LESSON, THE TEACHER PAYS CLOSE ATTENTION TO THE DELIVERY OF THE LESSON, ESPECIALLY THE FOLLOWING:**

- 1. How does the Coach integrate student’s prior knowledge and skills?**
- 2. How is learning made visible and broken down into steps?**
- 3. How does the coach use scaffolding?**
- 4. How does the coach pace the instruction?**
- 5. What instructional techniques are used to ensure students have frequent opportunities to respond?**

## INTERVENING COACHING:

After entering the classroom, ask the teacher:

“May I team teach with you if we find the students are having difficulty” OR  
 “If we see a place in the lesson that the students are experiencing difficulty,  
 would you like for me to jump in and take over”?

1. Position yourself close to the teacher (the coach needs to be able to see both the teacher and the students.
2. When you take over as a coach, begin with (for example): “Your teacher is very organized”. OR “Students, you are doing a very good job of answering”. OR “Students, you are listening so well.”
3. At the time of your intervening, walk or turn quickly to the teacher. Ask: “May we pause for a moment?”
4. Let the students know that you are going to talk with the teacher for a minute. Assign the students to a simple task, for example: think of three words that start with the sound\_\_\_\_\_, etc.
5. Quickly and softly, describe the behavior that is causing a problem for student learning.
6. Give the teacher a quick rationale for the change. **KEEP THE EXPLANATION BRIEF!**
7. After you have described the needed change, ask the teacher, “Would you like to teach the task or would you like for me to teach the students?”
8. Praise the students for being quiet while you were talking to the teacher, give a quick statement about what will happen next. For example: “Thank you for letting me talk with your teacher. We are going on with the lesson, etc.” **PRAISE A LOT!**
9. After your demonstration of the intervening step, return the book to the teacher, and encourage the teacher to repeat the teaching behavior. In

some cases, depending on the age of the students, it is advantageous to let the students know the change you are making and why. For example:  
 “Students, you are having difficulty with this sound. The sound is \_\_\_\_\_. Say it with me as long as I touch it.”

10. Praise the teacher for attempting the change. If the teacher taught acceptably, proceed. If not, have the teacher try the intervening step one more time. If the teacher is still having difficulty, practice this AFTER the lesson is over. Reassure the teacher that you will review the steps with her/him. NEVER EMBARRASE A TEACHER IN FRONT OF THE STUDENTS!

#### INTERVENING COACHING STEPS - P - PADIT

- P - May we PAUSE
- P - PRAISE the teacher and the students
- A - ASSIGN the students an activity
- D - DESCRIBE the needed change
- I - Would you like for me (I) to teach, or would you like to try
- T - TEACHER tries to successfully teach the task

**The persons being coached are responsible for their own learning.**

#### WHEN MEETING WITH THE TEACHER: USE SOLER POSITION

- S** - SIT squarely in front of teacher.
- O** - Maintain OPEN position. No crossed arms, no angry expressions
- L** - LEAN forward slightly.
- E** - Maintain EYE contact.
- R** - RELAX as much as possible

PRAISE

GIVE CONSTRUCTIVE FEEDBACK

PRAISE

## PROMOTE PRODUCTIVE COMMUNICATION

1. Listen attentively
2. Use Objective, non-evaluative language
3. Match body language to verbal communication
4. Paraphrase to demonstrate understanding
5. Ask questions to clarify
6. Encourage teacher self-analysis through reflective questioning

## PRIORITIZING PROBLEM AREAS:

1. Physical set-up of classroom
2. Classroom management
3. Following core reader pacing guide
4. Instruction driven by data
5. Students engaged and responding
6. Small group instruction based on student needs
7. Centers grounded in the elements of reading
8. Differentiation
9. Documentation
10. Parent Engagement

Coaches may make available the following form for teachers to request assistance.



## TEACHER REQUEST FOR ASSISTANCE

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_ **Room:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I would like assistance with the following:** (circle areas needing assistance)

Phonemic awareness   Phonics   fluency instruction   vocabulary   comprehension   differentiated instruction  
 Small group   whole group   literacy centers   delivering effective instruction

**List other concerns:**

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## TEACHER REQUEST FOR ASSISTANCE

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_ **Room:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I would like assistance with the following:** (Circle areas needing assistance)

Phonemic awareness   Phonics   fluency instruction   vocabulary   comprehension   differentiated instruction  
 Small group   whole group   literacy centers   delivering effective instruction

**List other concerns:**

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## **PROGRAMMING**

**The Hardeman County Board of Education understands that in order for a teacher to be effective and successful, the teacher must understand the purpose of what he/she is doing and the teacher must believe he/she possesses the skill in which to be successful. The Hardeman County Board of Education will provide to teachers strategic, systematic professional development that will prepare teachers in the five essential components of reading instruction, research-based instructional strategies, differentiated instruction, literacy centers, research-based interventions, how to interpret assessment data, and how to use data to drive instruction. Professional Development will be ongoing throughout the year.**

**Hardeman County has adopted the following research-based programs for reading instruction.**

**UNIVERSAL SCREENING TOOL: AIMSWEB CBM Components**

**PROGRESS MONITORING TOOL: AIMSWEB Probes**

**TIER 1: Harcourt Trophies  
Mastery Assessments according to pacing guide**

**TIER 2: Harcourt Trophies Intervention Component  
Research-based strategies will be implemented according to needs of the students (based on data)**

**TIER 3: (to be decided)**

**TIER 4: Special Education Programming  
Reading Mastery Signature**

**HARDEMAN EMPOWERING ACHIEVEMENT RESPONSE TEAM  
RECOMMENDATION FORM**

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STUDENT \_\_\_\_\_ DOB \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

TEACHER \_\_\_\_\_

PARENT \_\_\_\_\_ DATE \_\_\_\_\_

Dates of Tier 2 / 3 intervention process: \_\_\_\_\_ to \_\_\_\_\_

The School's HEARTeam has monitored intervention on the above named student for 8 or more weeks. The HEARTeam recommends that this student:

\_\_\_\_\_ Progress indicates that student no longer needs Tier 2 intervention.

\_\_\_\_\_ Continue with intervention in reading in the Tier 2 setting for another 8 weeks. After this time, the file will be reviewed again.

\_\_\_\_\_ Begin more intensive intervention with Tier 3 by adding additional time to instruction (to be reviewed again in six weeks).

\_\_\_\_\_ Begin procedures for request for assistance through IDEA.

The parent has been notified and understands the procedure recommended and agrees with the recommendation.

Team signatures (including parent if available)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DISTRICT  
HEARTeam  
PACKET  
REQUEST FOR ASSISTANCE

STUDENT\_\_\_\_\_

SCHOOL\_\_\_\_\_

TEACHER\_\_\_\_\_

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HARDEMAN EMPOWERING ACHIEVEMENT RESPONSE TEAM

Request for Assistance – Documentation

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Request Made by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Purpose of Request for assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Conference Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HEARTeam Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person making request

\_\_\_\_\_  
Date

\_\_\_\_\_

STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_parent invited to attend

**ACTION TAKEN BY TEAM:**

	HEART Chairman
	Student's Regular Ed Teacher
	Parent
	HEART Member
	HEART Member
	HEART Member

## STUDENT PROFILE – FORM A (1 of 5 pages)

### HARDEMAN EMPOWERING ACHIEVEMENT RESPONSE TEAM

The HEARTeam's notations should be based on fact, observation, and the student's records. Inferences and opinions should be so noted.

STUDENT \_\_\_\_\_ DOB \_\_\_\_\_  
 SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
 TEACHER(Tier 1) \_\_\_\_\_  
 TEACHER (Tier 2) \_\_\_\_\_  
 DATE \_\_\_\_\_

#### EDUCATIONAL EXPERIENCES:

Early Childhood educational experiences: Pre-school \_\_\_\_\_  
 Headstart \_\_\_\_\_  
 Other \_\_\_\_\_

Number of Schools attended during the last three years: \_\_\_\_\_

Grades retained: \_\_\_\_\_

Has student ever been eligible for Special Education \_\_\_\_yes\_\_\_\_no

If so, date of eligibility \_\_\_\_\_ Date of termination: \_\_\_\_\_

Is student currently receiving: \_\_\_\_Speech \_\_\_\_OT \_\_\_\_PT \_\_\_\_Counseling

#### History of Absences:

Successes in the regular education program: (A review of the cumulative record may be appropriate as well as speaking to previous teachers and/or parents.)

Deficiencies in the regular education program:



**HOME AND COMMUNITY ENVIRONMENT (Form A page 2 of 5)**

Please describe what you know to be true regarding the following.

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Parent/ Family Support:

Living Conditions:

Availability of school supplies:

Relationship with parents/family/siblings:

Relationship with peers:

**PARENTAL/FAMILY SUPPORT:**

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Number and purpose of conferences:

Parent/family response to conferences:

How has parent/family attempted to help at home:

Level of parent/family involvement in school:

MEDICAL/PHYSICAL/PSYCHOLOGICAL INDICATORS: (Form A page 3 of 5)

Present or previous major illnesses:

List medications if applicable:

Date of last medical exam:

Results of medical exam if applicable:

Date/ Results of previous psychological evaluation if applicable:

Emotional problem indicators:

Behavioral problem indicators:

SUCCESS FACTORS:

Self-image / self-esteem:

Stress functioning:

Attention Span:

Persistence:

Ability to work independently:

(Form A page 4 of 5)

Self-control:

Please list skills or lack of skills in the following areas:

**Basic Sight Words:**

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**Comprehension:**

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**Oral Communication**

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**Writing**

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(Form A page 5 of 5)

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**Basic Math Facts:**

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**Listening Skills:**

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**Use of Calculator:**

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**Problem Solving:**

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**Please attach copy of cumulative record grades and current grades.**

STRATEGIC  
INSTRUCTIONAL  
VARIATIONS  
FORM B

STUDENT:\_\_\_\_\_

GRADE:\_\_\_\_\_

SCHOOL:\_\_\_\_\_

## CHECKLIST (Form B page 1 of 3)

The following lists of strategic instructional variations are recommended for consideration and implementation by the regular education classroom teacher prior to making a request for assistance through IDEA. Please attach appropriate documentation of the instructional strategies you have tried in your classroom and intervention program(s).

- ☐ Form A is reviewed and appropriately completed (*please attach*)
- ☐ A clear specific problem has been identified (*please indicate*)  
Specific Problem: \_\_\_\_\_
- ☐ Mastery tests (Tier 1) have been administered and data collected (*please attach*)
- ☐ Progress Monitoring (Tier 2,3) has been administered and data collected. (*please attach results*)
- ☐ Universal screening (AIMS) has been administered (*please attach results*)
- ☐ T-CAP results attached

## TIER 1: Regular Classroom Instruction

### CLASSROOM ARRANGEMENT

Please indicate the strategies that have been implemented.

- ☐ Room/desk arrangement
- ☐ Student's classroom location
- ☐ Diversified instructional group

### INSTRUCTIONAL ENVIRONMENTS

- ☐ Large group
- ☐ Differentiated small skill group
- ☐ One on one instruction
- ☐ Tutor
- ☐ Computer programming (*List computer program: \_\_\_\_\_*)
- ☐ Other \_\_\_\_\_

### APPLICATION OF INSTRUCTIONAL STRATEGIES

- ☐ Teacher modeling (explains, demonstrates, thinks aloud)
- ☐ Guided Practice (teacher/student practice, scaffolding, share groups)
- ☐ Independent practice (student applies strategy on his/her own)

## TIER 2/3 INTERVENTION STRATEGIES (Form B page 2 of 3)

- \_\_\_ Student receives small group instruction  
(Please indicate number of students in group: Tier2:\_\_\_/Tier3:\_\_\_)
- \_\_\_ Scientifically research based program and/or strategies are implemented
- \_\_\_ Direct, explicit instruction is implemented
- \_\_\_ On-going progress monitoring (data attached)
- \_\_\_ Records indicating regular review and/or modification of intervention effectiveness
- \_\_\_ Communication with parents documented

Please state briefly how this student performed compared to the other students in the small group setting:

Please state briefly how this student worked with guided practice:

Please state briefly how this student worked with independent practice:

(Form B page 3 of 3)

The listed strategies have been implemented in Tier 1, Tier 2 and/or Tier 3 of the HEART procedure. Strategies have been implemented with fidelity and results documented with parent involvement.

Tier 1 Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tier 2 Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tier 3 Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HEARTeam Chairperson Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## DISTRICT- HEARTeam REVIEW

Student File Reviewed: \_\_\_\_\_

School: \_\_\_\_\_

Date received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

The District HEARTeam has reviewed the attached Student Request for Assistance Packet for the above named student. The following action was taken by the D-HEARTeam.

**The assistance packet is being returned to the referring school for the following action to be taken upon receipt of the returning packet.**

\_\_\_\_\_ **Additional information is needed in order to make a decision. Please see the attached note.**

\_\_\_\_\_ **The intervention plan is not adequate. Please re-submit after appropriate, adequate intervention.**

\_\_\_\_\_ **Progress Monitoring data is not adequate. Please re-submit after adequate data points have been documented.**

\_\_\_\_\_ **Based on the information provided, student should continue with Tier (1), (2), (3) intervention at this time. Please re-submit in \_\_\_\_\_ weeks.**

\_\_\_\_\_ **Hearteam should proceed with the referral process for Special Education testing. Upon completion, compile ALL information in this file and submit to Debbie Deberry for county students or Candyace Boyle for City students. (Please submit to psychologist within one week after consent for testing has been signed.)**

\_\_\_\_\_ **Other:** \_\_\_\_\_

**Comments:**

# **H E A R T**

## **PARENT ENGAGEMENT GUIDELINES**

- 1. Parents will receive information regarding the HEART process at the beginning of each school year.**
- 2. Parents will receive information regarding AIMSweb testing at the beginning of each school year.**
- 3. Parents will be informed of AIMSweb results after each benchmark testing (3 times per year).**
- 4. Parents will be informed if their child is considered “at risk”.**
- 5. Parents will be informed that an “at risk” child will receive several weeks of intensive intervention to try to close the achievement gaps in the child’s learning process.**
- 6. Parents will be informed every month or two weeks or weekly on the “at risk” child’s progress. (Teacher will do progress monitoring for research-based data).**
- 7. Parents will be invited to every HEARTeam meeting regarding their child and the child’s educational plan. (It is the parent’s option whether to attend. The meeting will take place regardless if the parent comes or not. The parent will be sent documentation of the meeting results.)**
- 8. All parent engagement will be documented**

### **WHAT TO DO IF THE PARENT INSISTS ON SPECIAL EDUCATIONAL TESTING BEFORE ADEQUATE INTERVENTIONS HAVE TAKEN PLACE...**

- 1. Explain to the parent the purpose of the HEART procedure.**  
**PURPOSE:**  
**Instruction is monitored carefully to assure that instruction in the regular classroom allows students to be proficient and that instruction is based on research-based data on (your child’s needs).**  
**“Let’s call in the teacher and take a look at how (your child) is doing based on the data.”**

**If this child is intensive/strategic according to data, teacher should have already started an intervention process (either in small group or in Tier 2/3 and parent should have already been informed).**

**THINGS TO DISCUSS:**

**How long has student been receiving intervention?**

**What does the progress monitoring scores look like?**

**What does instruction documentation look like?**

**If intervention was not working, did the HEARTeam change the intervention?**

**Does the parent understand that the child is receiving extra help (which is what would take place if he/she were in special education)?**

**If the student has been in intervention for the amount of time noted in the HEART manual; and, has made no progress, the parent has legitimate concerns. Obviously, it time for other options to be considered.**

**If the student has not been in intervention for the amount of time noted in the HEART manual, explain to the parent that the district would like to have adequate time to try to close the gaps in the student's learning. The district is providing intervention which is exactly what he would get if he were in special education. The district will "up" the progress monitoring to every week or twice a week to document if the student is making progress and the district will keep the parent informed weekly. (Give the parent a date on when the intervention process will be complete (according to the HEART manual) ). At that time, the team and the parent will meet to discuss what is the best option for this student.**

## **IF THE PARENT STILL INSISTS ON SPECIAL EDUCATION TESTING...**

**Have the parent sign the “request for assistance” form.**

**Document why the parent wants testing and what the school is going to do. (Intensive intervention with progress monitoring)**

**The parent will be informed weekly of progress from classroom teacher (small group instruction) and from the interventionist (Tier 2 or 3). This is the beginning of the referral process. This process is mandated by Federal and State Government. It is the only avenue to take in order to receive special education services.**

**This avenue is for SUSPECTED LEARNING DISABILITIES only. If the team feels that other disabilities are suspected, such as mental retardation, and this is confirmed through data, the student will receive intervention through general education until testing through special education and IEP determines the correct placement for the student. Referral process for other disabilities other than learning disabled will be according to the special education procedures.**

# H E A R T & OBVIOUS DISABILITIES

Students with obvious disabilities (other than Learning Disabled) will immediately go to the HEARTeam for request for assistance.

The HEARTeam will provide the teacher with the appropriate paperwork which is to be completed and turned back over to the HEARTeam.

Documentation to be completed by the teacher:

Timeline documentation – Universal Screening data

Core Reading program mastery data

Form A

Form B (If the strategies do not apply, indicate why)

For example: Tier 2 and 3 has not been implemented at this time because an obvious disability is suspected and the team is asking for immediate testing.

Packet of work samples from the student (that has been dated)

Documents to be completed by HEARTeam Chairperson:

Request for Assistance

Documentation of any meetings taking place regarding this student

A brief letter to the district HEARTeam indicating why this student is bypassing the original HEART procedure

HEARTeam Chairperson:

Compiles the above with the letter to the district HEARTeam on the top.

Deliver the packet to Debbie Williams at Central Office for district Hearteam review.

**DISTRICT HEARTeam:**

Reviews the packet to determine if information is complete and student meets criteria for special education testing.

The District team will return the packet to the HEARTeam chairperson indicating to proceed with special education referral , OR, follow another avenue which will be specified.

**HEARTeam Chairperson:****FOR REFERRAL TO SPECIAL EDUCATION:**

Follow the referral process for special education which is indicated in this packet.

# **SPECIAL EDUCATION REFERRAL PROCESS**

**HARDEMAN EMPOWERING ACHIEVEMENT  
RESPONSE TEAM**

**REFERRAL PROCESS FOR  
SPECIAL EDUCATION  
For Grades K-5 & Other Disabilities**

DATE	PROCEDURE
_____	<p>District HEARTeam determines if HEART folder is complete and interventions are appropriate.</p> <p>District team returns the HEART folder to the school HEARTeam to proceed with the IDEA process.</p>
_____	<p><b><u>School HEARTeam with Parent at Meeting</u></b></p> <ol style="list-style-type: none"> <li>1. Give “Rights” and “Prior Written Notice to parent(s)”</li> <li>2. Obtain parental consent for evaluation</li> <li>3. Conduct Parent Interview for Social Hx</li> <li>4. Fill out Environmental/Cultural Worksheet</li> </ol>
_____	<p><b><u>Instructional Staff to Complete</u></b></p> <ol style="list-style-type: none"> <li>1. Two direct observations are conducted             <ul style="list-style-type: none"> <li>• One observation by teacher</li> <li>• One observation by SPED teacher</li> </ul> </li> <li>2. One indirect observation completed by teacher</li> <li>3. Student Profile Form completed by teacher</li> </ol>



## SPECIAL ED REFERRAL PROCESS

**(For grades NOT implementing RtI at this time – Pre-K, 6-12)**

**\*The HEARTeam is chaired by the Reading Facilitator or Designated Personnel. The team members include the following:  
Principal/designee(s), classroom teacher(s), special education teacher, counselor, and parent.**

Order of Steps	Procedure	Date Completed
Step 1	Teacher picks up and completes the HEART packet which includes: Request for Assistance-Documentation, Student Profile-Form A, Intervention Checklist, and Student Profile Form from the HEARTeam Chairperson.	
Step 2	Obtain vision and hearing screenings of student. Failure for grades K through 3 = acuity of 20/40 or less in either eye. Failure for grades 4 through 12= acuity of 20/30 or less in either eye. <b>IF CHILD FAILS EITHER VISION OR HEARING SCREENINGS STOP HERE. A SECOND SCREENING AND/OR A REFERRAL TO AN EYE OR HEARING SPECIALIST MUST OCCUR. ONCE THE CHILD PASSES BOTH HEARING AND VISION SCREENINGS, CONTINUE WITH THE FOLLOWING STEPS.</b>	
Step 3	HEARTeam Chairperson sends out the PARENT CONFERENCE form to invite the parent to the HEARTeam meeting. Other team members are also invited to the HEARTeam meeting.	
Step 4	HEARTeam meeting is held to complete social history and develop Educational Plan to be tried for at least <u>6 weeks</u> . During this 6-week period, the teacher implements the scientifically, research-based intervention or strategy suggested by the HEARTeam. During this 6-week period, the teacher assesses one time per week in the area of academic concern. Attach samples of work and the Documentation Sheet.	
Step 5	After the 6-week intervention period, the HEARTeam Chairperson sends out the PARENT CONFERENCE form to invite the parent to the HEARTeam meeting. Other team members are also invited to the HEARTeam meeting.	
Step 6	HEARTeam convenes and determines if the first scientifically, research-based intervention or strategy was successful. <b>IF INTERVENTION HAS WORKED STOP HERE, IF NOT, CONTINUE WITH THE FOLLOWING STEPS.</b>	
Step 7	Because the scientifically, research-based intervention or strategy has not worked, another scientifically, research-based intervention or strategy is implemented for another <u>6-week period</u> . During this <u>6-week period</u> , the teacher implements the scientifically, research-based intervention or strategy suggested by the HEARTeam. During this <u>6-week period</u> , the teacher assesses one time per week in the area of academic concern. Attach samples of work and the Documentation Sheet.	

Order of Steps	Procedure	Date Completed
Step 8	After the 6-week intervention period, the HEARTeam Chairperson sends out the PARENT CONFERENCE form to invite the parent to the HEARTeam meeting. Other team members are also invited to the HEARTeam meeting.	
Step 9	HEARTeam convenes and determines if the second scientifically, research-based intervention or strategy was successful. <b>IF INTERVENTION HAS WORKED STOP HERE, IF NOT, Refer to District HEARTeam for determination of need for evaluation. Send HEART folder to Debbie Williams at Central Office.</b>	
Step 10	District HEARTeam determines if HEART folder is complete and interventions are appropriate. District HEARTeam returns the HEART folder to the school HEARTeam to proceed with the IDEA process.	
Step 11	Because the interventions/strategies have not worked, the HEARTeam Chairperson meets with the parent to complete the Environmental or Cultural Factors Worksheet, Permission To Test, and Prior Written Notice forms. The PARENT is given a copy of the Parents Right's booklet.	
Step 12	After the consent has been obtained, the following need to be completed: 1) two direct observations a. observation by teacher b. observation by SPED teacher 2) one indirect observation by teacher 3) Student Profile Form completed by teacher	
Step 13	The HEARTeam Chairperson sends the following HEARTeam materials to Debbie DeBerry, county or Candyace Boyle, city. The file should include:  (1) HEART Request for Assistance-Documentation (2) Student Profile-Form A (3) Intervention Checklist (4) Vision and Hearing Screening Results (5) Parent Conference Forms (6) Social History (7) Educational Plan (8) Documentation Sheets (9) Environmental or Cultural Factors Worksheet (10) Permission to Test (11) Prior Written Notice (12) Two direct observations (1 from teacher and 1 from SPED teacher) (13) One indirect observation by teacher (14) Student Profile Form completed by teacher	

## HEARTeam\* PARENT CONFERENCE INVITATION

Dear \_\_\_\_\_:

☐ We are writing to inform you that \_\_\_\_\_ is having some academic difficulty. We would greatly appreciate your cooperation in working with us and the other members of the HEARTeam\* to resolve these issues. You are a vital member of this team and we value your input.

We will be having a meeting to discuss your child's needs. It is our hope that we can develop an educational plan to help your child achieve the necessary skills for success in the \_\_\_\_\_ grade. We need your help in developing this plan.

.....  
☐ Six weeks ago, we met and we developed a plan to address the needs of your child. It is now time for us to meet to review your child's progress. We need to determine if this plan is working or if another plan is needed.

.....  
☐ We have been working very hard during the past 12 weeks and you have been informed of your child's progress. It is now time to consider if your child's difficulties have been resolved or if further assistance is needed to obtain the help that your child needs. Please come meet with us to discuss a referral for special education evaluation.

We would like to meet with you as soon as possible to discuss these problems and how we can help resolve them.

Place: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
**HEARTeam\* Chairperson**  
**child's teacher**

**Your**

**\*Hardeman Empowering Achievement Response Team**

**Hardeman County School District thanks the following sources for the  
information compiled in this manual.**

**THE IRIS CENTER  
PAULA BROWNYARD, LAMBUTH UNIVERSITY  
STATE IMPROVEMENT GRANT  
KANDY SMITH, SIG CONSULTANT  
GAIL COOK, SIG CONSULTANT  
AIMSWEB  
SRA LEADERSHIP ACADEMY  
SRA DIRECT INSTRUCTION PEER COACHING  
ACADEMY  
FLORIDA CENTER FOR READING RESEARCH  
READING FIRST COACHING TRAINING  
LRP RtI AUDIO CONFERENCES**

**Hardeman County School District thanks the following Hardeman  
County School District Professionals for their contributions to HEART  
and the time they have so generously given.**

**Dr. Donald Hopper, Superintendent  
Mr. Gene Ross, Director of Curriculum and Instruction  
Debbie Deberry, School Psychologist  
Candyace Boyle, School Psychologist  
Christy Smith, Reading Facilitator  
Sandra Cheairs, Reading Facilitator  
James Rutherford, Reading Facilitator  
Karen Lambert, Reading Facilitator  
Stephanie Geouge, Reading Facilitator  
Hardeman County Kindergarten –Third Grade Regular Education  
Teachers  
(Without the teachers, we would not have been able to confirm the  
success of the HEART process.)**



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**HARDEMAN COUNTY SCHOOLS  
PRIOR WRITTEN NOTICE**

Date \_\_\_\_\_

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

To: \_\_\_\_\_

Complete one of the following:

\_\_\_\_\_ Has been referred for: ☐ an initial evaluation or, ☐ a reevaluation,  
OR

On \_\_\_\_\_, an IEP Team meeting was held to discuss a change in your child's education.  
The following information is presented to you as the notice of the results from this meeting

The school district:

- \_\_\_\_\_ Proposes to initiate or change areas checked below; AND/OR  
\_\_\_\_\_ Refuses to initiate or change areas checked below.

Actions were proposed in the following areas:

- \_\_\_\_\_ Identification/Eligibility  
\_\_\_\_\_ Evaluation/Re-Evaluation  
\_\_\_\_\_ Review/revise Individualized Education Program (IEP) (Provision of FAPE)  
\_\_\_\_\_ Educational Placement (includes change in educational placement, graduation and termination of eligibility)  
\_\_\_\_\_ Other

1. Description of the action proposed or refused by the school system: \_\_\_\_\_  
\_\_\_\_\_
2. Explanation of why school system proposes or refuses to take this action: \_\_\_\_\_  
\_\_\_\_\_
3. Description of any options the school district considered prior to this proposal: \_\_\_\_\_  
\_\_\_\_\_
4. Reasons the above listed options were rejected: \_\_\_\_\_  
\_\_\_\_\_
5. Description of evaluation procedures, test, records, or reports the school district used as a basis for the proposal or refusal \_\_\_\_\_  
\_\_\_\_\_
6. Other factors relevant to the action proposed are: \_\_\_\_\_  
\_\_\_\_\_

As parents of a child with a disability, you are entitled to certain procedural safeguards as outlined in the enclosed brochure entitled *Rights of Children with Disabilities and Parent Responsibilities*. Your rights include the right to request a Due Process Hearing or to request mediation if you disagree with the services planned for your child.

If you have any questions about the information provided, please call \_\_\_\_\_ at \_\_\_\_\_ . We will be glad to answer any questions that you have concerning the special education services proposed for your child.

If you disagree with this decision or need additional information concerning your rights you may contact the Tennessee Department of Education 615-741-2851 (phone) or 615-532-9412 (fax) or your Regional Resource Center.

If the parent was not present at this IEP meeting, a completed Individual Education Program (IEP) for this student must accompany this form.

**PLEASE SIGN THIS FORM AND RETURN TO SCHOOL**  
**PARENT SIGNATURE:** \_\_\_\_\_

**HARDEMAN COUNTY SCHOOL SYSTEM  
SPECIAL EDUCATION  
INITIAL ASSESSMENT PERMISSION FORM**

Dear \_\_\_\_\_:

On \_\_\_\_\_ (date), \_\_\_\_\_ (child) was referred for a comprehensive assessment for determination of eligibility and need of special educational services. This referral is based upon a review of current classroom performance, past educational records, and/or screening information. We are requesting permission to assess your child in order to provide additional information to help us plan a more effective educational program. Also, as the parent of a child who may be eligible for special education, the *Rights of Children with Disabilities and Parent Responsibility* brochure is being provided for your information.

The reason(s) to request your permission to assess your child is (are):

- ( ) child is working ( ) above grade level or ( ) below grade level in one or more basic skills  
 ( ) child's behavior is inconsistent with that expected for children of students' age  
 ( ) child's rate of progress has ( ) increased ( ) decreased  
 ( ) child's speech/language skills are inconsistent with those expected for children of student's age

The areas/procedures to be considered for your child's assessment are checked below. The extent of the assessment will depend upon the severity of the problem.

- |                                       |   |
|---------------------------------------|---|
| _____ 1. Vision/Hearing Screening     | _____ 9. Audiological Evaluation          |
| _____ 2. Classroom Observation        | _____ 10. Functional Vision Assessment    |
| _____ 3. Academic Achievement         | _____ 11. Personality Assessment          |
| _____ 4. Intellectual Functioning     | _____ 12. Vocational Assessment           |
| _____ 5. Speech/Language Skills       | _____ 13. Assistive Technology Assessment |
| _____ 6. Gross/Fine Motor Skills      | _____ 14. Self Help/Adaptive Behavior     |
| _____ 7. Visual/Auditory Skills       | _____ 15. Functional Behavior Assessment  |
| _____ 8. School and/or Home Behaviors | _____ 16. Other _____                     |

Please sign this form and return it to the school. Your signature shall not be construed as consent for placement in any special education program. When the assessment has been completed, you will be invited to an IEP team meeting in order to discuss the findings, determine your child's eligibility for special education services and, if needed, plan an appropriate educational program for your child. If you have any information you would like to share pertaining to your child's assessment, please forward it to the person named below or bring it to the meeting.

**I HAVE REVIEWED THE ENCLOSED BROCHURE CONCERNING THE RIGHTS OF CHILDREN WITH DISABILITIES AND PARENT RESPONSIBILITIES AND THE EXPLANATION OF EVALUATION PROCEDURES.**

Please check one of the following:

YES ☐ NO ☐

- \_\_\_\_\_ I give permission for an individual assessment.  
 \_\_\_\_\_ I do not give permission for an individual assessment.

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_  
 Address: \_\_\_\_\_

If you have any questions, you may contact one of the following:

Name \_\_\_\_\_ Department/Position \_\_\_\_\_ Telephone Number \_\_\_\_\_

School \_\_\_\_\_  
 Received from Parent \_\_\_\_\_

Teacher \_\_\_\_\_  
 Grade \_\_\_\_\_



## PARENT INTERVIEW-SOCIAL AND DEVELOPMENTAL HISTORY

Note: This interview should be completed in a face to face situation with the guidance counselor, school psychologist, or social worker. If a face to face interview is impossible, it can be conducted over the phone. Under no circumstances should this form be sent home for the parent to complete. All of this information is confidential.

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

### DEVELOPMENTAL HISTORY

1. How was your health during the pregnancy? Any complications or illnesses during the pregnancy?
  
2. Were you taking any medications or using alcohol or drugs during the pregnancy?
  
3. Was the child born full term? How much did he or she weigh at birth?
  
4. Were there any complications during the birth? APGAR score? Was the baby delivered by cesarean? Were forceps used? Did the child require any special care or hospitalization following the birth?
  
5. Was the child diagnosed with any of the following medical conditions following the birth? \_\_\_\_\_ Down's Syndrome \_\_\_\_\_ Cerebral Palsy \_\_\_\_\_ Spina Bifida \_\_\_\_\_ Sickle Cell \_\_\_\_\_ Fetal Alcohol Syndrome \_\_\_\_\_ Other (describe) \_\_\_\_\_
  
6. Any health concerns during infancy? Describe
  
7. Any concerns regarding development? Explain
  
8. Developmental Milestones: At what age did the child  
 \_\_\_\_\_ crawl \_\_\_\_\_ walk \_\_\_\_\_ speak single words \_\_\_\_\_ speak in sentences  
 \_\_\_\_\_ toilet trained

## MEDICAL HISTORY

1. Which of the following childhood illnesses has your child experienced?

\_\_\_\_\_measles \_\_\_\_\_mumps \_\_\_\_\_chicken pox \_\_\_\_\_fevers over 104  
\_\_\_\_\_loss of consciousness \_\_\_\_\_seizures \_\_\_\_\_pneumonia \_\_\_\_\_lead poisoning  
\_\_\_\_\_tuberculosis \_\_\_\_\_otitis media \_\_\_\_\_other

How old was the child at the onset of the illness?

2. Any chronic health concerns (diabetes, sickle cell, asthma, heart condition, etc.)?

3. Has the child ever suffered any accidents, had any surgeries or been hospitalized? Explain.

4. Does the child take any medications on a regular basis? Describe.

5. Any concerns regarding vision or hearing? Was there a history of ear infections? If so, how was it treated? Does the child wear glasses?

6. Does the child have any allergies? Describe.

7. At what age was the child's last physical exam?

8. Does the child have any sleeping problems? \_\_\_\_\_none \_\_\_\_\_difficulty falling asleep  
\_\_\_\_\_sleep continuity disturbance \_\_\_\_\_early morning awakening

9. Does the child have any appetite control problems? Explain.

10. How is the child's coordination? Is the child clumsy or accident prone?

11. Does the child have any toileting accidents? Day or night? History of bedwetting? Age?

## SOCIAL HISTORY

Mother (full name) \_\_\_\_\_ occupation \_\_\_\_\_ age \_\_\_\_\_

Father (full name) \_\_\_\_\_ occupation \_\_\_\_\_ age \_\_\_\_\_

Parents are \_\_\_\_\_ married \_\_\_\_\_ separated \_\_\_\_\_ divorced \_\_\_\_\_ deceased

How old was the child at the time of separation, divorce, or death?

**FAMILY HISTORY**-List everyone living in the child's home

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any parents, step parents, or siblings living outside the child's home

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Does any one in the family have a chronic illness/health condition? Explain.
2. Is there a history of mental illness within the family? Describe.
3. Has anyone in the immediate family been diagnosed with a learning disability or attention deficit disorder? Who?
4. Has the child ever experience a change in the primary caregiver? At what age? How did the child react?
5. How does the child get along with siblings? Describe.
6. How does the child get along with adults in household? Describe.

7. Is the child given any household responsibilities / chores? Does he / she do them?

8. Have any of the following events occurred within the past 12 months?

\_\_\_\_\_ parents divorced or separated

\_\_\_\_\_ death in the family

\_\_\_\_\_ changed schools

\_\_\_\_\_ family financial problems

\_\_\_\_\_ family accident or illness

\_\_\_\_\_ parent changed jobs

\_\_\_\_\_ family moved

\_\_\_\_\_ Other

### **BEHAVIOR:**

1. Does the child demonstrate any behavior problems at school? Explain.

2. What type of discipline do you use to deal with behavior problems?

\_\_\_\_\_ verbal reprimands      \_\_\_\_\_ time out      \_\_\_\_\_ rewards for good behavior

\_\_\_\_\_ physical punishment      \_\_\_\_\_ removal of privileges

\_\_\_\_\_ ignoring inappropriate behavior      \_\_\_\_\_ giving in to child's wishes

Do parents agree on discipline methods?

3. How often does your child comply with initial directions or requests?

\_\_\_\_\_ never      \_\_\_\_\_ sometimes      \_\_\_\_\_ usually      \_\_\_\_\_ always

4. What will motivate the child to get him / her to do something she / he doesn't want to?

5. How easily does the child make friends? How long does you child keep friendships?

6. Are the child's friends younger or older? Does the child prefer to play alone?

7. Is there any suspicion of alcohol or drug use? Explain.

8. Is there any history of physical or sexual abuse? Describe.

9. Has the child ever received any counseling or psychological treatment? At what age? Describe.

10. Has your child ever been involved in juvenile court? Describe.

11. Please indicate which of the following are of significant concern and please describe:

- \_\_\_\_\_ often loses temper:-----
- \_\_\_\_\_ often argues with adults:-----
- \_\_\_\_\_ spiteful or revengeful:-----
- \_\_\_\_\_ often refuses to comply with adult requests:-----
- \_\_\_\_\_ often blames others for his / her mistakes-----
- \_\_\_\_\_ often easily annoyed by others-----
- \_\_\_\_\_ other deliberately annoys people-----
- \_\_\_\_\_ steals-----
- \_\_\_\_\_ runs away from home-----
- \_\_\_\_\_ lying-----
- \_\_\_\_\_ fire setting-----
- \_\_\_\_\_ cruelty to animals-----
- \_\_\_\_\_ destroys other people's property-----
- \_\_\_\_\_ often initiates physical fights-----
- \_\_\_\_\_ truancy-----

When did the above mentioned problems begin?

Which of the following are considered to be a significant problem at the present time? Please describe.

- \_\_\_\_\_ depressed mood or sadness-----
- \_\_\_\_\_ moodiness-----
- \_\_\_\_\_ low energy or fatigue-----
- \_\_\_\_\_ low self esteem-----
- \_\_\_\_\_ poor concentration-----
- \_\_\_\_\_ feelings of hopelessness-----
- \_\_\_\_\_ suicidal gestures/ talk of suicidal threats-----

Circle any additional behaviors which the child displays more frequently than others and which cause you concern.

sleepwalking	nightmares	fearfulness	impulsivity
lack of remorse	temper tantrums	manipulative behavior	
sexual acting out	lack of motivation	problems following directions	
short attention span	disliked by others	poor concentration	hyperactivity
physical aggression	easily discouraged	talking too much	withdrawn
unpredictable behavior			

12. What are your child's strengths?

**SCHOOL HISTORY:**

1. Did your child attend any preschool, daycare, or Headstart?
2. How did your child react to beginning school?
3. Has your child ever been retained? Which grade or grades?
4. Does your child ever avoid going to school? Describe.
5. Has your child ever been tested for special education? When? What were the results?
6. Has your child every received special education services?
7. What areas do you feel your child is doing well in?
8. What areas do you feel your child is behind in?
9. Do you help you child with homework?
10. How long does it take your child to complete his / her homework?
11. How often does the school contact you about your child?  
For what reason?
12. Has your child ever been suspended? How many times?

## ENVIRONMENTAL OR CULTURAL FACTORS WORKSHEET

One method of determining if environmental or cultural factors can be ruled out might be determined by using a checklist such as the one below. Experiences in school could cause students who might otherwise be disadvantaged to no longer have a disadvantage. This checklist should be completed while considering school experiences which could give the evaluator(s) sufficient information to indicate that the child's "lack of exposure" is *not* the cause for the disability.

School System: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

*(Check all factors that apply to the student. Use available records, interviews with parents, teachers and other resources to obtain data)*

### ENVIRONMENTAL DISADVANTAGE

- \_\_\_\_\_ Limited experiential background
- \_\_\_\_\_ Irregular attendance (absent at least 23% of the time in a grading period for reasons other than verified personal illness)
- \_\_\_\_\_ Transiency in elementary school years (at least two moves in a single school year)
- \_\_\_\_\_ Home responsibilities interfering with learning activities (caring for siblings while parents work or other major home responsibilities).

### CULTURAL DISADVANTAGE

- \_\_\_\_\_ Limited experiences in majority-based culture (child does not participate in scouts, clubs, other organizations and activities with members of dominant culture)
- \_\_\_\_\_ Child has had limited involvement in organizations and activities of any culture
- \_\_\_\_\_ Secondary standards in conflict with majority-based culture standards
- \_\_\_\_\_ Geographic isolation

Are the above checked items compelling enough to indicate that this student's classroom performance and deficits are primarily due to environmental or cultural disadvantages? A "score" of greater than half of the areas being observed indicates a strong possibility of this exclusionary factor and should be addressed and justified by the HEARTeam if an "override" of those factors are to be considered.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signatures of Person(s) Completing Form

# DIRECT OBSERVATION

School System: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

The purpose of this evaluation is to provide information regarding this student's classroom behaviors in the area(s) of suspected deficiency. Carefully observe this student and provide the requested information.

Describe the lesson/activities of the class during this observation session (e.g., lecture, discussion, independent seatwork, small group work).

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Describe any special conditions during this evaluation (e.g., student seated away from group).

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What was the student's behavior during the observation session? Be as specific as possible.

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How does this student's behavior compare to that of other students in the class?  
 (Note: You may wish to compare the child to an average peer of the same age and gender.)

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Do you have any other comments or concerns?

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\_\_\_\_\_  
 Printed Name of Person Completing Form

\_\_\_\_\_  
 Job Title

\_\_\_\_\_  
 Signature of Person Completing Form

\_\_\_\_\_  
 Date

Direct Observation



# GENERAL EDUCATION TEACHER'S INPUT

(Indirect Observation)

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

Please carefully consider this student's abilities and overall behavior and provide as much information as possible regarding this student's typical daily performance in your classroom. His or her behavior should be evaluated in comparison to a typically functioning student of the same age and in terms of appropriate developmental stages and expectations.

Describe this student's reading skills (e.g., decoding, comprehension, and fluency)

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Describe this student's math skills (e.g., calculation, numerical concepts, and word problems)

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Describe other academic concerns / performance levels (e.g., science, social studies, and problem solving skills)

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Describe this student's behavior in the classroom (e.g., following rules, attention to task, organizational skills; relationships with peers; and problems or concerns)

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This student does not perform academically in the classroom in a manner that is commensurate with current academic standards (circle one)      YES      NO

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Today's Date

## STUDENT PROFILE FORM

NAME: \_\_\_\_\_ TEACHER: \_\_\_\_\_ DATE: \_\_\_\_\_

Check which of the characteristics listed below describe this student.

- \_\_\_\_\_ Appears to have normal to above normal intelligence, but is not achieving up to grade level.
- \_\_\_\_\_ The student does not demonstrate weakness in all areas, only one or two.
- \_\_\_\_\_ The student's oral communication skills are much better than their written communication
- \_\_\_\_\_ The student appears unhappy and worried
- \_\_\_\_\_ The student displays nervous habits, avoids contact with others, and is easily upset
- \_\_\_\_\_ The student disrupts the class routine and interrupts others
- \_\_\_\_\_ The student is aggressive
- \_\_\_\_\_ The student requires more time to learn a task
- \_\_\_\_\_ The student appears less socially mature than age related peers (poor social skills)
- \_\_\_\_\_ Demonstrates lower academic achievement than peers in all academic areas
- \_\_\_\_\_ Demonstrates poor self help skills (hygiene, dressing skills, etc...)
- \_\_\_\_\_ Is clumsy and uncoordinated
- \_\_\_\_\_ Does not appear to pick up on social cues
- \_\_\_\_\_ Has difficulty expressing their thoughts orally
- \_\_\_\_\_ Does not understand verbal directions
- \_\_\_\_\_ The student has trouble paying attention or has trouble focusing over a period of time
- \_\_\_\_\_ The student makes careless mistakes and has organizational problems
- \_\_\_\_\_ The student blurts out answers and cannot wait their turn
- \_\_\_\_\_ The student cannot stay seated and talks excessively

## SENSORY SCREENING

STUDENT: \_\_\_\_\_ TEACHER: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

### HEARING SCREENING

#### PURE TONE SCREENING:

	1000 Hz	3000 Hz	4000 Hz	
RIGHT EAR:	_____	_____	_____	
LEFT EAR:	_____	_____	_____	
	(20 db HL)	(20db HL)	(20 db HL)	(Screening Level) = Pass
_____ PASS	_____ COULD NOT SCREEN	_____ RE-SCREEN	_____ ABSENT	

\_\_\_\_\_  
 SCREENER'S SIGNATURE

Re-screen Date: \_\_\_\_\_

#### PURE TONE SCREENING:

	1000 Hz	2000 Hz	4000 Hz	
RIGHT EAR:	_____	_____	_____	
LEFT EAR:	_____	_____	_____	
	(20db HL)	(20db HL)	(20 db HL)	(Screening Level) =Pass
_____ PASS	_____ FURTHER TESTING INDICATED			

\_\_\_\_\_  
 SCREENER'S SIGNATURE

### VISION SCREENING

RIGHT EYE: Near Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_ Date of initial screening \_\_\_\_\_  
 Far Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_

LEFT EYE: Near Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_  
 Far Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_

BOTH EYES: Near Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_  
 Far Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_

\_\_\_\_\_  
 Screener's Signature

RIGHT EYE: Near Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_ Date of re-screening \_\_\_\_\_  
 Far Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_

LEFT EYE: Near Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_  
 Far Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_

BOTH EYES: Near Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_  
 Far Vision \_\_\_\_\_ Pass \_\_\_\_\_ \*Fail \_\_\_\_\_

\_\_\_\_\_  
 Screener's Signature

\*Refer to an eye specialist if the child does not pass the line with one or both eyes at the 20/30 line when re-screened.

## TCAP (TERRA NOVA) NORM REFERENCED ACHIEVEMENT TEST SCORES – LAST TWO YEARS

Grade	Date	READING			LANGUAGE			MATH			TOTAL SCORE	SCIENCE	SOCIAL STUDY	SPEL
		Read	VOC	CMP	Lang	Mech	CMP	Math	Comp	CMP				

## RADES LAST TWO YEARS:

Grade	English	Math	Reading	Spelling	Science	Social Studies	P.E.	Other	Other

## WRITING ASSESSMENT RESULTS:

5<sup>TH</sup> Grade \_\_\_\_\_  
Score \_\_\_\_\_8<sup>TH</sup> Grade \_\_\_\_\_  
Score \_\_\_\_\_11<sup>TH</sup> Grade \_\_\_\_\_  
Score \_\_\_\_\_

## TCAP Competency/Gateway Test Results—Circle Test

Number of times attempted: \_\_\_\_\_ Mathematics/Algebra I Date: \_\_\_\_\_ Passed/Failed — Score: \_\_\_\_\_  
 Number of times attempted: \_\_\_\_\_ Language/English II Date: \_\_\_\_\_ Passed/Failed — Score: \_\_\_\_\_  
 Number of times attempted: \_\_\_\_\_ Biology I Date: \_\_\_\_\_ Passed/Failed — Score: \_\_\_\_\_  
 Number of times attempted: \_\_\_\_\_ History Date: \_\_\_\_\_ Passed/Failed — Score: \_\_\_\_\_

# Educational Plan

Student:

Prepared By:

General Area of Concern:	*Specific Deficit:

<u>Scientifically Research Based Intervention or Strategy</u> (Each intervention should be implemented a minimum of six weeks)	<u>Date Implemented</u>	<u>Date Reviewed</u>	<u>Outcome of Intervention(s)</u> * Attach verification of progress monitoring to this plan
1.			
2.			

<p>If the Interventions were successful.....STOP HERE.</p>
--

If the Interventions were not successful after a six week period of intense intervention with a scientifically research based program....DEVELOP A NEW EDUCATIONAL PLAN TO ADDRESS THE SPECIFIC ACADEMIC DEFICIT

<u>Scientifically Research Based Intervention or Strategy</u> (Each intervention should be implemented a minimum of six weeks)				<u>Date Implemented</u>	<u>Date Reviewed</u>	<u>Outcome of Intervention(s)</u>
1.						
2.						

# HARDEMAN COUNTY SCHOOLS

## DOCUMENTATION SHEET

**TEACHER:** \_\_\_\_\_

**STUDENT:** \_\_\_\_\_

This form should be completed by the student’s teacher(s) and should be submitted to the HEART TEAM after the six week period in which scientifically research based intervention was implemented. This will assist you with analyzing information you have obtained through the assessment tools. Fill out the appropriate information for your assessment tool and the student’s scores and /or results. This will enable the HEART TEAM to compare and analyze differences in the intervention strategies and success of these interventions.

DOCUMENTATION SHEET				
	Assessment Tool	Date Administered	Student’s Score	
Week One				
Week Two				
Week Three				
Week Four				
Week Five				
Week Six				



(731) 658-2510  
FAX (731) 658-2061

# HARDEMAN COUNTY BOARD OF EDUCATION

P.O. BOX 112 -- 10815 OLD HWY. 64  
BOLIVAR, TENNESSEE 38008

Donald L. Hopper, Ph. D.  
Director of Schools

## AUTHORIZATION FOR PROCUREMENT AND RELEASE OF INFORMATION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

*I hereby request and authorize the Hardeman County Board of Education*

\_\_\_\_\_ to obtain from \_\_\_\_\_ to exchange with \_\_\_\_\_ to release to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*the following information through written form/ and or oral discussion.*

- |  |   |
|--|---|
| _____ Teacher's most current information | _____ Neurological Evaluations            |
| _____ IEP Minutes                        | _____ Treatment Recommendations           |
| _____ IEP                                | _____ Medical Reports                     |
| _____ Speech and Language Evaluations    | _____ Immunization Records                |
| _____ Psychological Evaluations          | _____ Social Services Records (Social Hx) |
| _____ Occupational Therapy Evaluations   | _____ Discharge Summary if Hospitalized   |
| _____ Physical Therapy Evaluations       | _____ Diagnostic Impressions              |
| _____ Vision and Hearing Screenings      | _____ ABR or Audiological Evaluations     |
| _____ Disciplinary Records               |   |

*I understand that all information I hereby authorize to be obtained and released by the Hardeman Co. Bd. of Education will be held strictly confidential. Information will be made available only to those authorized to have access to such information.*

*Effective One Year from date signed or until student leaves the LEA.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Witness (title)

*"Preparing for the Future One Child at a Time"*



MEDICAL INFORMATION

Student \_\_\_\_\_ School \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent(s)/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Dear Physician:  
This student has been referred for Special Education services. Medical information is needed to assist in determining the need for special education for this student. The information will be confidential and used only by persons directly involved with the student.

(Please respond to each item).

Diagnosis/Etiology: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Is an evaluation available supporting the above diagnosis? ☐ Yes ... ☐ No

Please describe the impact of diagnosis on educational performance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment: \_\_\_\_\_

Medication: (+Dosage): \_\_\_\_\_

Type: \_\_\_\_\_

Major Learning Modality: (Check Applicable)  
\_\_\_\_\_ Visual \_\_\_\_\_ Auditory \_\_\_\_\_ Tactile \_\_\_\_\_ Multisensory

Please make the most appropriate recommendation as to how this student can best function in an educational environment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Information



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FAX (731) 658-2061

# HARDEMAN COUNTY BOARD OF EDUCATION

P.O. BOX 112 -- 10815 OLD HWY. 64  
BOLIVAR, TENNESSEE 38008

Donald L. Hopper, Ph. D.  
Director of Schools

## DOCUMENTATION OF MEDICAL DIAGNOSIS (Other Health Impairment)

To be completed by school personnel before sending to physician:

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_ Physician's Name: \_\_\_\_\_  
Name of Doctor's Practice: \_\_\_\_\_ Phone: ( ) / / Fax: ( ) /

This student is having difficulties in school and

1. is in the process of evaluation for Special Education OR  
2. is being reevaluated through Special Education

due to a possible health impairment that significantly impacts school performance. The information below is a necessary part of the evaluation to help the team determine whether or not the student requires in-class interventions, Special Education, or other services to make adequate progress.

Check below if you have diagnosed the student with any of the following:

- ☐ ADHD-Primarily Inattentive ☐ ADHD-Primarily Impulsive/Hyperactive ☐ ADHD-Combined  
☐ Other psychiatric diagnosis(es) Specify: \_\_\_\_\_

Have you diagnosed the student with any other medical condition that might significantly impact school performance?

- ☐ No ☐ Yes Specify: \_\_\_\_\_

Treatment you have recommended/prescribed (including medication(s) and dosage): \_\_\_\_\_

In your opinion, does this student have symptoms that might significantly impact school performance? ☐ No ☐ Yes

IF YES, SPECIFY BELOW:

- ☐ Attention to task ☐ Impulse control ☐ Attendance  
☐ Other Specify: \_\_\_\_\_

In your opinion, does this student need modifications/services to make adequate educational progress? ☐ No ☐ Yes

Specify: \_\_\_\_\_

In your opinion, does this student meet State Dept. of Education standards for Other Health Impaired? In other words, does he/she have "limited strength, vitality, or alertness...including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment that is due to chronic or acute health problems"? ☐ No ☐ Yes

Additional Comments: \_\_\_\_\_

Please provide psychological or medical reports that support the diagnosis(es), if available.

Thank you for taking the time to provide this information. Please sign and date below.

**Hardeman County School District thanks the following sources for the information compiled in this manual.**

**THE IRIS CENTER  
PAULA BROWNYARD, LAMBUTH UNIVERSITY  
STATE IMPROVEMENT GRANT  
KANDY SMITH, SIG CONSULTANT  
GAIL COOK, SIG CONSULTANT  
AIMSWEB  
SRA LEADERSHIP ACADEMY  
SRA DIRECT INSTRUCTION PEER COACHING ACADEMY  
FLORIDA CENTER FOR READING RESEARCH  
READING FIRST COACHING TRAINING  
LRP RtI AUDIO CONFERENCES**

**Hardeman County School District thanks the following Hardeman County School District Professionals for their contributions to HEART and the time they have so generously given.**

**Dr. Donald Hopper, Superintendent  
Mr. Gene Ross, Director of Curriculum and Instruction  
Debbie Deberry, School Psychologist  
Candyace Boyle, School Psychologist  
Christy Smith, Reading Facilitator  
Sandra Cheairs, Reading Facilitator  
James Rutherford, Reading Facilitator  
Karen Lambert, Reading Facilitator  
Stephanie Geouge, Reading Facilitator  
Hardeman County Kindergarten –Third Grade Regular Education  
Teachers**

**(Without the teachers, we would not have been able to confirm the success of the HEART process.)**